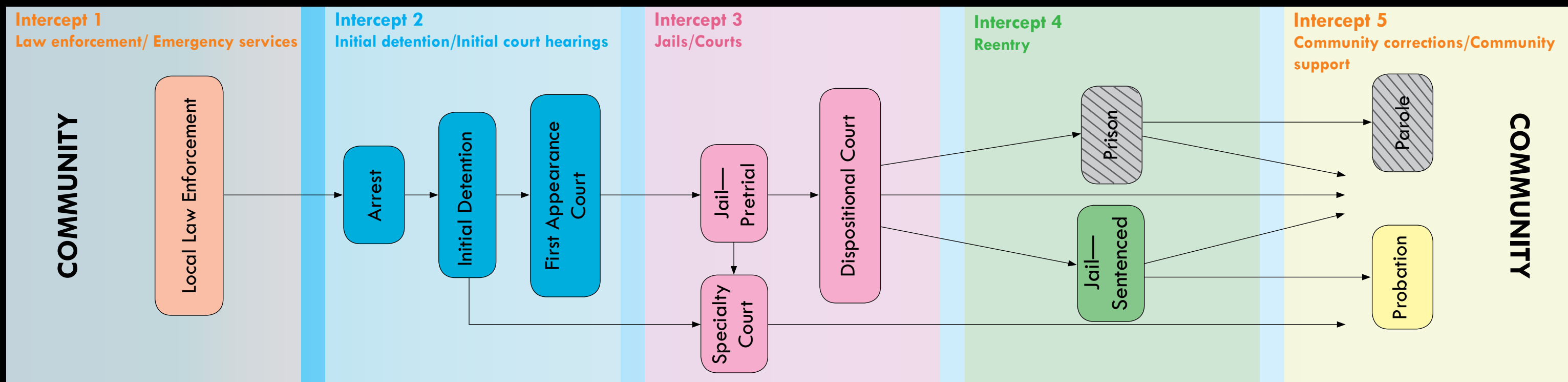


Sequential Intercepts for Change: CJ–MH Partnerships

Actions for State Level Change...

- ⊙ Develop a statewide effort to provide Crisis Intervention Training for police as done in OH, AZ
- ⊙ Pass legislation encouraging jail diversion programs as done in FL, MI, IN, CT, TX
- ⊙ Facilitate changes at the State level to allow the retention of Medicaid or SSI eligibility via suspension in jail rather than termination, as done in Lane County, OR
- ⊙ Remove constraints that exclude persons formerly incarcerated from housing or services; make criminal justice clients a priority for housing, as done in MD
- ⊙ Expand access to evidence-based programs in community-based services for people with mental illness in contact with the justice system
- ⊙ Create criminal justice priority eligibility group without “net-widening” or limiting services to others; for instance, by using HUD funds for housing and Justice Assistance Grants (JAG)
- ⊙ Provide access to comprehensive and integrated treatment programs for persons with mental illness and co-occurring substance use disorders diverted or released from the criminal justice system
- ⊙ Legislate task forces/commissions made up of mental health, substance abuse, and criminal justice stakeholders to legitimize addressing the issues as done in TX, AZ, CA
- ⊙ Utilize the State planning process to integrate mental health, substance abuse, and criminal justice; identify incentives to get stakeholders in each system to the table
- ⊙ Support training programs that focus on cross-systems collaboration and provide opportunities for using people with mental illness as cross-trainers



Action Steps for Service Level Change by Intercept...

- **Request for Police Service:** Train dispatchers to identify calls involving persons with mental illness and refer to designated, trained respondents
- **On-Scene Assessment:** Train officers with de-escalation techniques to effectively assess and respond to calls where mental illness may be a factor
- **Incident Documentation:** Document police contacts with calls involving a person with mental illness to promote use of available services and ensure accountability
- **Police Response Evaluation:** Collaborate with mental health partners to identify available services and reduce frequency of subsequent contacts by individuals with histories of mental illness and with prior arrests

Source: Policy Statements 2-6, Consensus Project (2002)

- **Appointment of Counsel:** Provide defense attorneys with earliest possible access to client mental health history and service needs, available community mental health resources, and legislation and case law impacting the use of mental health information in case resolution
- **Prosecutorial Review of Charges:** Maximize the use of alternatives to prosecution through pretrial diversion in appropriate cases involving people with mental illness
- **Pretrial Release & Modification of Pretrial Diversion Conditions:** Maximize the use of appropriate pretrial release options and assist defendants with mental illness in complying with conditions of pretrial diversion

Source: Policy Statements 7-11, Consensus Project (2002)

- **Intake Procedure:** Establish a comprehensive, standardized, objective, and validated intake procedure to assess individuals' strengths, risks, and needs upon admission
- **Individualized Programming Plan:** Using information obtained from assessments, identify programs necessary during incarceration to ensure safe and successful transition to the community
- **Physical Health Care & Mental Health Care:** Facilitate community-based providers' access to prisons and jails and promote service delivery consistent with community and public health standards
- **Substance Abuse Treatment, Children & Families, Behaviors & Attitudes, Education & Vocation Training:** Provide effective substance abuse treatment, services for families and children of inmates, educational and vocational programs, peer support, mentoring, and basic living skills

Source: Policy Statements, 8-16, Re-Entry Policy Council (2004)

- **Subsequent Referral for Mental Health Evaluation:** Identify individuals not identified in screening and assessment process who show symptoms of mental illness after their intake into the facility and ensure appropriate action is taken
- **Development of Transition Plan:** Effect the safe and seamless transition of people with mental illness from prison or jail to the community
- **Transition Planning:** Facilitate collaboration among corrections, community corrections, and community providers and utilize a transition Checklist to identify service needs and provide effective linkage to services
- **Identification & Benefits:** Ensure releasees exit prison or jail with ID and prior determination of eligibility and linkage to public benefits to ensure immediate access upon release from prison or jail

Source: Policy Statements 19-21, Consensus Project, (2002); APIC Re-Entry Report, GAINS Center; 18 & 24, Re-Entry Policy Council (2004)

- **Implementation of Supervision Strategy:** Concentrate community supervision resources on the period immediately following the person's release from prison or jail, and adjust supervision strategies as the needs of releasee, victim, community, and family change
- **Maintaining a Community of Care:** Connect inmates to employment, including supportive employment services, prior to release. Facilitate releasees' sustained engagement in treatment, mental health and supportive health services, and stable housing
- **Graduated Responses & Modification of Conditions of Supervised Release:** Ensure a range of options for community corrections officers to employ to reinforce positive behavior and effectively address violations or noncompliance with conditions of release

Source: Policy Statements 26-29, Re-Entry Policy Council (2004); 22, Consensus Project (2002)

President’s New Freedom Commission

The National GAINS Center for Systemic Change for Justice-Involved People with Mental Illness is committed to the goal of transforming the nation’s fragmented mental health system and developing a recovery-oriented, consumer-driven system of care as described in the report of the President’s New Freedom Commission.

VISION STATEMENT

We envision a future when everyone with a mental illness will recover, a future when mental illnesses can be prevented or cured, a future when mental illnesses are detected early, and a future when everyone with a mental illness at any stage of life has access to effective treatment and supports—essentials for living, working, learning, and participating fully in the community.

GOALS

This vision statement guides the six goals and recommendations of the report, which prioritize the transformation of the mental health system to improve effective client service delivery at the local, county, state, and Federal levels:

- Goal 1: Americans Understand That Mental Health Is Essential to Overall Health
- Goal 2: Mental Health Care Is Consumer and Family Driven
- Goal 3: Disparities in Mental Health Services Are Eliminated
- Goal 4: Early Mental Health Screening, Assessment, and Referral to Services Are Common Practice
- Goal 5: Excellent Mental Health Care Is Delivered and Research Is Accelerated
- Goal 6: Technology Is Used to Access Mental Health Care and Information

www.consensusproject.org
www.reentrypolicy.org
www.mentalhealthcommission.gov
www.mentalhealthcommission.gov/subcommittee/Sub_Chairs.htm



State Plan
Health &
Justice

Subcommittee Report on Criminal Justice

The President’s New Freedom Commission on Mental Health appointed 15 subcommittees to assist in its review of the nation’s mental health service delivery system. The subcommittee on criminal justice developed a discussion paper that outlines key issues and policy options for consideration for offenders with mental illnesses.

Three Major Responses Are Needed:

- 1. **Diversion programs** to keep people with serious mental illnesses who do not need to be in the criminal justice system in the community.
- 2. **Institutional services** to provide constitutionally adequate services in correctional facilities for people with serious mental illnesses who need to be in the criminal justice system because of the severity of the crime.
- 3. **Reentry transition** programs to link people with serious mental illnesses to community-based services when they are discharged.

For more information, please visit:
www.mentalhealthcommission.gov

ABOUT THE CENTER

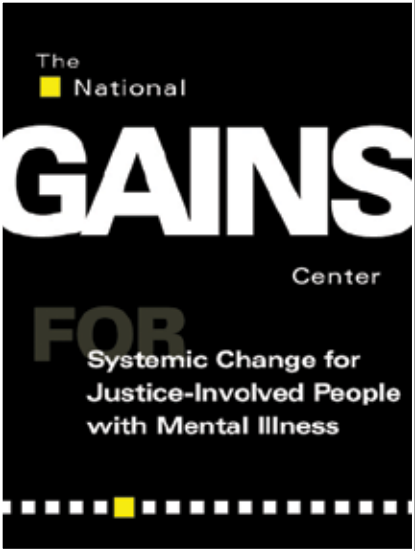
The National GAINS Center for Systemic Change for Justice-Involved People with Mental Illness is a resource and technical assistance center for state planning and coordination among the mental health, substance abuse, and criminal justice systems. The GAINS Center focuses on the application of science to services and the documentation and promotion of evidence-based and promising practices in program development. The GAINS Center is funded by the Substance Abuse and Mental Health Services Administration’s Center for Mental Health Services and is operated by Policy Research Associates, Inc., of Delmar, NY.

CONTACT US

National GAINS Center
345 Delaware Avenue
Delmar, NY 12054

Phone: 800.311.GAIN
Fax: 518.439.7612
Email: gainsebp@prainc.com
Web: gainscenter.samhsa.gov

www.gainscenter.samhsa.gov



The National
GAINS Center
for Systemic
Change for Justice-
Involved People
with Mental Illness

National GAINS Center



Developing a
Comprehensive
for Mental
Criminal
Collaboration

